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USE OF THE HEMI-SYNC® SUPER SLEEP TAPE WITH A PRESCHOOL-AGED CHILD

by Leanne Rhodes

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George was born two months preterm with hyaline membrane disease and a variety of additional conditions of lesser severity. Between the ages of ten months and approximately three years, he participated in a home-based, parent-implemented infant education program designed and supervised by me. At two years and nine months, he was also receiving speech and language therapy services, was experiencing feeding difficulties, and was exhibiting considerable upset in response to even minor changes in his routine. Intelligence-test data indicated a preponderance of performance within the normal range. However, areas of clear deficit continued to exist.

Although it was possible to complete an evaluation in one sitting (which had not been true in the past), it was also true that behaviorally George continued to be the human equivalent of a horse that needs blinders to function. As described by his caregivers, George's need for attention and supervision did not cease with the advent of sleep, a characteristic that interfered with all aspects of functioning, both his and that of those who cared for him.

In an effort to influence George's sleeping behavior positively, it was decided to introduce the Hemi-Sync *Super Sleep* tape into his nighttime environment following a suitable period for collection of baseline data. *Super Sleep*, which is played continuously throughout the night, entrains the brain through successive, normal sleep cycles. In other words, it is designed to guide an individual into sleep and maintain the sleep state.

Data was collected on the number of wakings per night and the severity of wakings. The number of wakings represented a straightforward count of the number of times the adult was awakened by George in any one night. The severity of wakings was judged by the action that was or was not required to assist George to return to sleep. Possible ratings were (1) the adult was awakened, George was disturbed and restless, but it was unnecessary to do anything with him; (2) the adult was awakened and had to get something for George in order for him to go back to sleep, but actual physical comforting was not necessary; and (3) George was

extremely upset and the adult had to comfort him until he calmed down enough to sleep. The severity rating equaled the sum of the ratings for any given night.

The baseline period consisted of thirty-two contiguous nights followed by sixty-eight nights of continuous use of Super Sleep. A summary of salient information follows: During the baseline period, the total number of wakings was 46, or an average of 1.44 per night or 10 per week. Following the introduction of the Super Sleep tape, the number of wakings was 41, or 0.6 wakings per night, for an average of 4.2 per week. Had there been no effect from the tape (and it represented the only detectable change in George's life and routine during this period), interpolating from baseline data, one would expect to see approximately 98 wakings during the intervention period. The percentage of nights with 0 wakings during the baseline period was three percent (equal to one night). During the intervention period it was fifty-seven percent (equal to thirty-nine nights).

Data for the intervention period includes three nights during which George was actively sick with the flu. Excluding these three nights on the basis that the baseline period includes no such incidence of illness, the resulting figures are as follows: total number of wakings, 35 instead of 41; severity of wakings, 51 instead of 60. Average severity of upset remained unchanged. Average number of wakings per week became 3.8 instead of 4.2. The percentage of nights where George slept through rose to sixty.

Severity of wakings during the baseline period totaled 72; during the intervention period, severity of wakings totaled 60. If *Super Sleep* had no effect, interpolation of data collected during the baseline period would lead one to anticipate a severity-of-wakings total of 153. Average severity of upset when wakings did occur was relatively constant throughout the 14.3-week period (i.e., 1.57 versus 1.46).

In my opinion, the best conceptual summary of this data is represented by the dramatic increase in the percentage of nights during which George did not awaken during the baseline period as compared to that exhibited during the intervention period: three percent as opposed to sixty percent (excluding nights when he had the flu). For the first time in the memory of his caregivers, both they and George experienced a majority of nights in which everyone involved slept through the night.

It might be hypothesized that the simple addition of some sort of sound to at least a portion of the nighttime environment was enough to produce this change. However, the entire time under discussion (baseline and intervention) included use of a verbal sleep tape, most simply described as repeated stating of positive affirmations concerning George's behavior and functioning. This was played for thirty minutes each night after he was put to bed. *[Ed. note: See: "*Hemi-Sync® in an Infant Education Program", *Hemi-Sync Journal 1990-3 Summer*, for a more complete description.]

Additionally and anecdotally, George began going back to sleep after his roommate left for school (a hitherto unknown event), worked harder and more persistently at tasks, spoke more clearly and accepted correction of his speech more readily, listened better and was less easily frustrated, started to enjoy books and to sit still for stories to be read to him, and slept through the opening and closing of his bedroom door. The latter event used to wake him even though the adult detected no sound. Some forms of separation also became easier for him to tolerate—a ten-day absence of his foster mother and father produced no noticeable negative reaction. These all represented new behaviors in George's repertoire or increases in behaviors that were previously seen with less frequency. Recent reports (as of early September 1991) indicated that George's sleeping behavior no longer represented a problem to himself or anyone else.

The *Super Sleep* tape has been used with a variety of other children with differing diagnoses and degrees of parental compliance regarding consistency of use. The data-keeping regimens ranged from reasonably complete to anecdotal and the results from totally successful to no effect noted. If this data proves amenable to organization and description, it will be presented in a later issue of this journal.